

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM INTOX DMT MAINTENANCE REPORT

RECEIVED

REPORT #1

一个编译 INTOX DMT MAINTENAL	NCE REPORT		By Carol Da	ay at 9:48 am, Dec 18, 2014	
Complete this report at the time of the regular Complete this report whenever the instrument Retain the original and send a copy within 15 o	is serviced or repaired and days to the Breath Alcohol	l whenever it is placed	into service.		
NAME OF AGENCY 500177 NAME OF AGENCY Missouri State Highway Patrol			DATE OF INSPECTION 12/06/2014	12/06/2014	
LOCATION OF INSTRUMENT (STREET AND CITY) Pulaski County Sheriff's Dept., 301 Histo		13:08:30	13:08:30		
CHECKLIST: Place a mark in the box by each values where determined), Unmarked items m	h item if found to be satisfa just be corrected before us	ctory or is operating wing instrument.	ithin established limits.	(Write in observed	
DIAGNOSTIC RECORD					
DATE AND TIME 12/06/2014 13:08:3	1_,	☑ DETECTOR			
☑ PROGRAM	PROGRAM (0.0 - 0.				
SAMPLE CHAMBER 48.8°C	↑ SIFILTER 2				
☑ BREATH TUBE 48.1°C		☑ FILTER 3			
🕅 PUMP :		☑ INTERNAL STAN	DARD		
BREATH ANALYZER ACCURACY STAND.	ARDS .				
☐ SIMULATOR STANDARD	, 🖾 COMPRESSED ETHANOL-GAS MIXTURE				
☑ STANDARD SUPPLIER_ILMO	LOT#_	17513080A5	EXP. DATE_	EXP. DATE <u>07/01/2015</u>	
DI SIMULATOR TEMP (βΑΙς ±10 βΙς)		TOR SN	SIMULATOR EXP D	SIMULATOR EXP DATE	
of .005 or less. Mark the box corresponding a corresponding to 0.10% STANDARD - MUST REA ■ 0.08% STANDARD - MUST REA □ 0.04% STANDARD - MUST REA	D BETWEEN 0.095% ANI D BETWEEN 0.076% ANI	D 0.105% INCLUSIVE D 0.084% INCLUSIVE			
TEST 1: 0.077 TEST 2: 0.077			TEST 3: 0.077		
☑ PERFORM R.F.I. TEST					
INDICATE THE NUMBER OF BREATH TE	STS IN THE FOLLOWIN	G RANGES SINCE T	HE LAST MAINTEN	ANCE REPORT:	
REFUSALS: 0 004: 0	.0509: 0	.1014: 0	.1519: 0	OVER .19: 0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR M ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) Installed Card Scanner	ODIFICATION THAT WAS MADE TO I	RESTORE THE INSTRUMENT T	O OPERATE SATISFACTORILY	AND WITHIN	
INSPECTING OFFICER SIGNATURE	在中央发展中间的1900年的1100年2月17日	PRINT FULL NAME			
12 (1 /h/h !		KENNETH A BALDWIN			
1YPE II PERMIT NUMBER / LACO	EXPIRATION DATE 04/10/2016	TELEPHONE NU 573-368-	2345		
RETURN COMPLETED REPORT TO THE	Breath Alcohol Program, Southeast District Office 2875 James Blvd, Poplar		ealth and Senior Servic	es	



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790 217-245-2183 • Fax: 217-243-7634 • www.imoproducts.com

Certificate of Analysis

Certificate ID:

5179

Part #

BAC105L080T

Cylinder Size:

105L

Lot Number:

17513080A5

Expiration:

7/1/2015

0.080 BAC (For use with breath alcohol testing instruments)

Contents:

105 Liters @ 1000 psig 70°F (21°C)

Component:

Concentration:

Accuracy:

Method:

Ethanol Nitrogen 208.4 ppm

+/- 0.002 or 2%

BAC whichever

Balance

is greater

NDIR

FNIST Standard Reference Material Cylinder No. CC157791 / Job No. 13029 Certified 184.3 µmol/mol Ethanol in Nitrogeri . for ILMO Products Co., Jacksonville, IL.

ecialty Gas Lab Tech

Distributed by:

CMI Inc.

316 East Ninth Street Owensboro, KY 42303

Phone 866-835-0690

www.alcoholtest.com

07/09/13



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

KENNETH BALDWIN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041. RSMo and 306.111 through 306.119 RSMo.

DATE

4/22/2014

NUMBER 240150

EXPIRES 4/22/2016

क्षिण स्टब्स्ट १३ वटा अस्त

DIRECTOR OF STATE PUBLIC HEALT I LABORATORY

9100 Vonte (2)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

146, 146, 65